

2879

Summary

03500.016001.

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Sikha Roy
TOMOYA OHNISHI)	
	:	Group Art Unit: 2879
)	
Application No.: 10/002,291	:	
)	
Filed: December 5, 2001	:	
)	
For: IMAGE DISPLAYING	:	
APPARATUS)	April 12, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the *ex parte Quayle* Office Action of February 11, 2004,
please amend the above identified application as shown below.

An amendment to the specification appears at page 2. The Remarks begin
at page 3.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope
addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450 on April 12, 2004.

(Date of Deposit)

FRANK A. DeLUCIA (REG. NO. 42,476)

Name of Attorney for Applicant

A handwritten signature in cursive script, appearing to read "Frank A. DeLucia".

Signature

April 12, 2004

Date of Signature



In re Application of:

TOMOYA OHNISHI

Application No.: 10/002,291

Filed: December 5, 2001

For: IMAGE DISPLAYING APPARATUS

Docket No. 03500.016001.

Examiner: Sikha Roy

Group Art Unit: 2879

Date: April 12, 2004

Mail Stop Non-Fee Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 27	MINUS	** 27	0	x \$9 \$18	0
INDEP. CLAIMS	* 10	MINUS	*** 10	0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
Facsimile: (212) 218-2200

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